



Driver's License Authorization Form

I hereby authorize \_\_\_\_\_ (clearly print name)
to renew my Driver's License (non-photo only) on my behalf.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out the following questionnaire to renew your driver's license.

DRIVER'S LICENCE QUESTIONNAIRE

Answer 'Yes' or 'No' to the following questions.

Caution: It is a punishable offence to knowingly make a false answer to any question.

- 1. Are you now prohibited by court from driving or is your driver's licence or right to obtain a driver's licence currently suspended or cancelled?
2. When driving do you require corrective lenses (glasses or contacts)?
3. Have you ever had any of the following conditions which have not previously been reported to Manitoba Public Insurance:
a) Seizures or blackouts?
b) Lung or heart trouble, eye diseases, stroke, diabetes treated with oral medication or injectable insulin, mental disorder, dementia or permanent limitation of motion?
c) Any other medical condition or physical disability that may affect your safe operation of a motor vehicle?
4. Do you hold a valid driver's licence from another province, state or country? If 'Yes' state where below. Provide Driver's Licence Number, Effective and Expiry Dates, Driver's Licence Class.
5. Have you ever held a Manitoba driver's licence or a learner's licence? If 'Yes', state in what year below.
6. Have you had any name changes within the last five years? If 'Yes' provide former name(s) below, if you haven't already reported the change to Manitoba Public Insurance.

Customer or Driver's License Number: \_\_\_\_\_

Payment Type — 12 Pre-authorized [ ] Full Pay [ ]

Payment Method — Cheque [ ] Cash [ ] Debit [ ]

Payment Method — MC [ ] VISA [ ]

Credit Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Account information for pre-authorized payments:

Bank #: \_\_\_\_\_ Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_